

Allen (No.)

CLAIMS  
OF THE  
SICK POOR.

PAPER READ BEFORE THE MIDDLESEX NORTH  
DISTRICT MEDICAL SOCIETY, JANUARY 31,  
1877, BY NATHAN ALLEN, M. D.



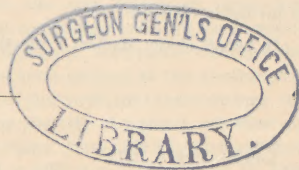
LOWELL:  
PRINTED BY MARDEN AND ROWELL.  
1877.



# CLAIMS OF THE SICK POOR.

---

PAPER READ BEFORE THE MIDDLESEX NORTH  
DISTRICT MEDICAL SOCIETY, JANUARY 31,  
1877, BY NATHAN ALLEN, M. D.



LOWELL:  
PRINTED BY MARDEN AND ROWELL,  
1877.



## EXPLANATORY NOTE.

---

At a regular meeting of the Middlesex North Medical Society, Jan. 31st, composed mostly of Lowell physicians, a paper was read upon the "Claims of the Sick Poor in Lowell for Medical Relief," and after a full discussion by Drs. Green, Kimball, Burnham, Savory, Allen, Colton, and others, it was voted that said paper be published, and the undersigned were appointed a committee to bring the subject before the public. In calling attention to the facts and arguments set forth in this paper for a free Dispensary in behalf of the poor, the committee would appeal directly to the public for means to carry on this charity. There is, we believe, only one opinion among the members of the profession, that something more should be done to relieve the wants and sufferings of the sick poor in our city.

Provision is made, in a variety of ways, to supply the poor with food, fuel and clothing, but nothing, comparatively, is done to furnish medicine or medical attendance. While the profession stand ready to *give their services*, it is certainly not asking too much that the public furnish the means. What is indispensable for carrying on this work, are rooms centrally located and furnished with a small stock of drugs, where the poor can call for advice and medicine. In other cities means have been raised for this purpose by a general contribution, by annual subscriptions, by collections in churches, fairs, donations, legacies, &c. Are there not men or women in our city blessed with means who will give liberally to this object,—perhaps establish at once such an institution and place it upon a permanent foundation? Where, or how, can a donation or a legacy do more good, or bless a greater number of persons?

Since the profession offer their services, it seems proper that others should move in the direction of raising funds. As the paper referred to has been printed entire in two of our newspapers, besides being noticed fully in the other two, and now in pamphlet form, will reach a large number of individuals and families, it is hoped there will be a favorable response.

In behalf of the Medical Profession.

NATHAN ALLEN,  
CHARLES A. SAVORY,  
F. NICKERSON,

*Committee.*

Lowell, Feb. 5, 1877.

## CLAIMS OF THE SICK POOR OF LOWELL.

---

That the poor, when sick and suffering, have claims upon the public for assistance, all will admit. This claim is based upon Divine authority, as well as on the common principles of humanity. And who can understand these wants and sufferings so well as the members of the medical profession? We propose to show that the class properly denominated the sick poor in our city, have been for years, and are, especially at the present time, suffering for the want of medical relief. What, then, are the facts in the case? What has been done in this direction, and what is now doing, to relieve the sick poor?

Aid must come, if at all, either from public or private sources. Let us inquire, then, first, what has been done, and is doing, by public agencies for this purpose? The Lowell Dispensary was organized in 1836 to furnish medicine and medical advice to the poor, gratis. Subscriptions to the amount of five or six thousand dollars were taken up at the time with this understanding, and the institution started with much promise of activity and usefulness. This association meets once a year for the choice of officers, appointing two dispensary physicians who prescribe to patients, bringing an order endorsed by the "ministry at large," and these recipes are put up by certain apothecaries at the expense of the dispensary. Patients occasionally are visited at their homes by these physicians without charge. But it is understood that this charity is confined to those only who apply for help to the "ministry at large." It is the testimony of physicians serving in this capacity that the whole number of different individuals thus annually assisted would not much exceed 100. This dispensary expends only a part of its income

for medicine, adding a portion every year to its principal, so that its funds now amount to over \$7000. No particular pains are taken to advertise the institution, or to make a popular and live thing of it, so as either to secure public favor and contributions, or to make known its objects and means of doing good generally among the poor in the city. This dispensary has now been established forty years, and we cannot but think that if proper means had been used to obtain subscriptions, contributions and legacies, its funds and, of course, its usefulness, would have been greatly enlarged, so that a thousand or more of the sick poor, instead of a hundred, would every year share in its benefits. Such, at least, has been the history and operation of dispensaries which have been established in other cities any length of time.

The second agency for rendering assistance to the sick poor is the city in its corporate capacity. From the time Lowell became a city to 1859 it paid for medicines used at the almshouse and also for what the city physician prescribed to patients applying outside of the almshouse. An arrangement was made whereby this officer could send recipes to the apothecaries in behalf of the poor, and these orders were paid for by the city at a small advance of profit. For many years this expense amounted from \$100 to \$300 per annum, but in 1858, when there was much sickness and both the mayor and the city physician were kindly disposed to the poor, the expense for medicine run up to near \$400. But it so happened, unfortunately as it proved, that most of the orders went to one shop, which excited the ill will of the other apothecaries, who complained bitterly to the members of the city council, so that in fixing the salary of the city physi-



cian for 1859, one hundred dollars was added upon the condition that he should find his own medicine. Thus the salary was raised from \$500 to \$600.

But in 1864, the city physician kept an account of the medicines furnished, and found that he could not do justice to the poor in the city or the paupers at the almshouse, with out an expense for medicines of some \$200, he made a full exhibit of the facts, and what other cities paid out for medicine, to the committee of the council for fixing salaries, and, as a consequence, \$100 was added, making the salary \$700 per annum, which has remained the same to the present time. Since 1860, we cannot find by the auditor's report that the city has paid out a single cent for medicine as such, though it is understood that some small expense has been incurred at the almshouse under other heads. When this officer was allowed to furnish medicine free to the poor at the expense of the city, large numbers applied for assistance partly on this account, but since 1860, there has been a great change in this respect. There has also been a growing unwillingness among the sick poor to apply for medical relief, under the sense that they must virtually pauperize themselves in order to obtain assistance in this way. It is not for the want of medicine and medical advice so much, as an absolute want of food and fuel; that is, the most dire necessity that compels this class to apply. Such has been the effect of these changes that the number of the sick poor, meaning those more or less sick, needing medicines and a physician more than other things and receiving assistance from the city, is now very small compared with what it once was.

The third agency for assisting the sick poor in Lowell is the St. John's hospital. It is almost ten years since the establishment of this institution, and the number of sick poor, either wholly supported here when sick, or partially so, have ranged from one hundred and twenty-five to one hundred and fifty each year. Thus, not only medicine is furnished, but board, room, nursing, and everything the sick need. But its means are quite limited, and the relief afforded is confined wholly within the walls of the institution. While this hospital is doing a noble work for such as can and do avail themselves

of its charities and its aid, if it could furnish medicine and even a little medical advice and attendance outside, its benefits would be more widely appreciated as well as its usefulness greatly enlarged. It is understood that a dispensary department will be opened whenever its means will permit. The other public agencies for relieving the sick poor are quite small. The principal ones are the Old Ladies Home, St. Peter's Orphan Asylum and a large number of benevolent societies and clubs or orders which assist more or less their own members when aid is needed. The Grand Army has at times assisted poor soldiers and their families, and so have occasionally some of the churches rendered assistance to a few of their members. But medical relief is not the primary object of any of these organizations, only secondary and incidental, very little expense is incurred for medicine or directly for medical attendance. A careful survey of the whole field will show that the great masses of the indigent in our city, as far as assistance is needed in this direction, are not reached by these agencies. If we examine what provisions are made in other places for this class, the force of these remarks will become more striking.

Boston, besides a dozen hospitals and a large number of benevolent organizations for aiding the sick, has most extensive dispensary operations. The report for 1875, states that 26,664 cases were treated at the Central office alone, and 19,927 in the districts, making an aggregate of 45,591 patients. The average daily attendance at the Central office was 202 persons, and the number of recipes put up during the year was 109,245. Besides this Central office open every day connected with the Boston dispensary proper, there are several other dispensaries, one for diseases of women, one for children, one for skin diseases, and the old dispensaries in Roxbury and Charlestown continue active operations. Medicines are furnished not only free at all these establishments but aside from this expenditure Boston pays in other ways over \$4,000 annually for medicines given to the sick poor in that city.

Worcester has a city hospital with an endowment of \$250,000, and a free dispensary with an endowment of \$150,000, both legacies given within a few years, and donated with

particular reference to the sick poor. The city paid out last year directly for medicine to the poor \$495. The auditor's report of Springfield for 1875 shows that over \$1000 was expended by the city for medicines alone used in the hospital and almshouse. Salem has a city hospital and a dispensary connected with it, enlisting the services of some dozen physicians, and \$551 was expended last year by the city for medicines. Cambridge has a live dispensary with fourteen physicians co-operating with it in some capacity. And we find from official reports for 1875 that Chelsea paid for medicine for the poor \$418; Lynn \$153; Newton \$145; Fall River \$160; Holyoke \$333; Lawrence \$75. In two or three cities medical attendance and medicines—each being specified—are reported in the expenses under one set of figures, but in no other city in the state but Lowell do we find a distinct ordinance requiring the city physician to provide his own medicine. If there are any such stipulations in the rules or ordinances of municipal governments they have escaped our inquiries. It is true or was years ago in some small country towns where medical attendance upon the poor was thrown into the market to the lowest bidder, that furnishing medicine was included in the service, but the item was small, and in places where no druggists or apothecaries were to be found, and when it was customary always for physicians to carry with them their own medicines. Medical practice as then carried on was very different from the practices and usages of the present day.

In looking at and comparing the amount expended by different cities for medicine, it should be borne in mind that these sums represent the first cost of drugs as bought by the quantity, whereas if this same article was sold at retail or compounded according to prescriptions into medicines, the cost to patients would be much larger. It is here where dispensaries are peculiarly adapted to do immense good at a very small outlay. After long experience and a great variety of experiments it has been found that dispensaries properly managed, afford the most economical and efficient means or mode for relieving the wants of the sick poor. It is ascertained that full three-fourths if not four-fifths of this class in need of medical advice and medicine

can go to some office for this purpose and for such as cannot, provision can easily be made to visit them at their homes. From a careful inquiry made as to the first cost of prescriptions put up in one year at the Boston dispensary, it was found that the largest proportion of them would not average over six cents for each recipe. It will be seen by this estimate that fifty or one hundred dollars will go a great way to relieve the wants of the sick. The services of good physicians can always be obtained gratuitously one or two hours at some set time each or every other day to examine and prescribe for the poor; and if it becomes necessary to visit them at their homes, provision can easily be made to have this done free or at a small nominal charge. These dispensaries have everywhere been found the cheapest and best arrangement that can be devised for administering to the wants and relieving the sufferings of the poor when sick. The history and number of these establishments abundantly support this statement.

The first instance of giving medicine to the sick poor was in 1559 by a German princess in causing to be established a free apothecary shop near her palace, to which the sick flocked in great numbers. Her example was soon followed by a few other distinguished characters in Germany and other European nations. But the dispensary in name and as a permanent institution started in London near the close of the 17th century by a singular competition in business between the apothecaries and the physicians, the former assuming to give medical advice to the poor provided they would pay for medicine. The apothecaries by this means attracted to their shops large numbers who were abundantly able to pay for medical advice, whereupon the physicians soon opened shops to furnish medicine free to the poor, together with their services. In this way a violent contest was carried on for nearly twenty years between these two parties, starting under the pretence of assisting the poor, though self interest was probably predominant. As a result of this contest the dispensary was found to be a most feasible mode of relieving the sick poor, and has ever since enlisted the services of both these professions. No other means or institution has ever been found so well adapted to this end.



London, besides having over one hundred hospitals, infirmaries and asylums for the sick, has some forty dispensaries which administer relief to several hundred thousand poor persons. Numerous dispensaries are now found in all the large cities throughout Great Britain, France and other European nations. In Germany the government itself through its hospitals and other means, makes liberal provisions for the sick poor. It is now just ninety years since the first dispensary was opened in this country at Philadelphia, where these institutions ever since have flourished, and, by means of which, together with other agencies, the wants of this unfortunate class have been better supplied than in any other large city in the United States. New York was only a year or two behind Philadelphia in establishing a public dispensary which has proved a powerful agency for good in that great city. New York has at the present time 29 dispensaries at which over 300,000 recipes are yearly put up; and over one hundred thousand patients prescribed for at the offices, besides large numbers visited at their homes. Both the state and the city make liberal appropriations yearly for their support and large contributions, with occasional legacies, are also given by the citizens for the same purpose. Dispensaries or some kindred establishments are now found in nearly all the large cities throughout the United States. If such agencies are properly conducted they appeal constantly to the sympathies and benevolence of the public, command the best services of the medical profession and the good will of apothecaries. By means of such an agency the wants of the sick poor become better known to the public and a lively interest and sympathy are at once enkindled in their behalf. The duty and relation of a community to this unfortunate portion of it are thus kept before the public, so that subscriptions, donations and legacies come readily to the support of such an agency. Thus a *live* dispensary is constantly enlarging its resources and means of doing more good every year both by enlisting the charities of the public and directing the attention of all classes to the cry of distress.

For in all the wants and sufferings of the poor, that which comes from sickness is the most crushing and distressing. Disabled

from work, without means or friends, what can such sufferers do, but endure as best and as long as they may, to sink at last under lingering disease and death? In such cases what a vast amount of relief may be afforded by medicine and the counsels of a physician? And, then, if before severe sickness came, a little medicine and wholesome advice could have seasonably been given, how much pain and suffering might have been prevented? In fact one of the chief causes of their poverty and distress, arises from poor health, from feeble bodies, subject to weakness and infirmities, if not to positive disease. On this account, they need medicine and medical advice from which they are debarred by the narrowness of their circumstances, and at the same time they have no means to obtain such relief. And of all persons this class not only need, but are most benefited by such assistance. They have faith in medicine, will follow directions; and, however others may neglect or abuse such means it is not so with the sick poor. Every experienced physician knows full well what an immense amount of good is frequently done by a little medicine or wholesome advice. It prevents lingering sickness, relieves suffering, cures disease, and is the means of saving life. While the poor, as a general thing have no money by them to purchase medicine, they cannot run in debt for it, as they sometimes do for groceries, rent, &c. Every cent of their wages is pledged not unfrequently beforehand for the actual necessities of life, so that in case of sudden or prolonged sickness, they must suffer for lack of a little timely assistance, or in case they struggle along, trying to work, battling all the time with weakness and disease, they finally become entirely used up and sink never to recover. As physicians we find from time to time, just such cases of want and suffering, and large numbers of this class are more or less relieved at the present time, by the medical profession. If by means of a public dispensary or by a small outlay on the part of the city, medicine could be furnished free of expense in such cases, there would always be found members of the profession ready to give their services. No persons have done for years or are now doing in this city so much for the poor as the physicians. If anything like proper remuneration should



be returned for such services, it would amount every year to very many thousands of dollars. If it is ever the duty of individuals or the public in any way to assist the poor with food, fuel or clothing, this class when sick and suffering should certainly be assisted with medical relief. We have one of the best almshouses in the state, and, a wise arrangement has recently been made for providing out door relief under the direction of the overseers of the poor, but this is confined to the actual necessities of life, such as are permitted by an almshouse order. No distinct provision is here made for the supply of medicine or medical attendance, while there are always individuals and families suffering for such assistance, far more than for food or fuel. Besides many persons are unwilling to pauperize themselves, or become known as applying to the city for help when they would receive medical relief, coming in a different way or from a different source. Assistance to such a class has generally been furnished by private means or by some benevolent association, and not by an almshouse order or in a way to force upon the recipient the mortification of pauperism or beggary. Sickness alone is enough to depress them.

Among the earliest instances found on record of administering to the wants of the sick poor upon a large scale were those established in monasteries in the 11th and 12th centuries by religious devotees, stimulated by strong religious motives, but the first instance of furnishing such assistance to this class by cities occurred in the 15th century, and was in this wise: History relates that, in certain German cities of high moral character the practice was introduced of appointing an officer called the "Stadt-arzt," or city physician, upon whom was imposed the duty of attending upon the poor of the city, for which service he was to receive from the city annually certain household benefits, such as his firewood, a pipe of wine and other useful articles, but it was expressly stipulated that he should be repaid in money for whatever sum he had expended in furnishing medicine to the poor. To say nothing of the "pipe of wine," this refunding of money for medicine given to the poor, furnishes a noble example for a city and is well worthy of imitation. No public charity, especially where the health and lives of large numbers are con-

cerned, should ever be left in the hands of one person whose self interests are paramount, and yet no provision made for any oversight of its operations or an examination of its accounts. Besides if the services or salary of such an official are placed much below what they are actually worth, how can it be expected that he will make up from his own pocket the deficiencies of a public appropriation? Suppose that there were two hundred dollars added to the salary of the city physician towards providing medicine for the poor the dispensation of this charity should never be left so loosely. It is not just to the poor nor creditable to the city; for in such a case the intended recipients of charity may become great sufferers without relief or any means of correction. From this survey of the matter, two conclusions seem naturally to follow: 1st, some provision should be made, as formerly, by the city government, with one or more apothecaries, whereby medicines should be furnished, near the first cost, at the city's expense, to the orders of the city physician for the poor coming exclusively under his charge; 2nd, there should be a *live* dispensary with a central office open daily where the sick could call, be prescribed for and obtain medicine free, and where some arrangement could be made to have those unable to come visited at their homes. Such a dispensary would enlist constantly the sympathies and contributions of the public at large, and command the gratuitous services of half a dozen or more physicians. There could be no greater or more useful charity possibly than by expending annually in this way five hundred or a thousand dollars to furnish medical relief for those in our midst pinched by poverty or misfortune.

It may be said that another institution is much needed in Lowell, viz: a city hospital. It is a fact, we believe, that there is scarcely another so populous a city in the country which does not own or control a hospital in its corporate capacity. Such an institution is much needed amidst a large industrious and mixed population, where severe accidents often happen and epidemic diseases suddenly break out—where strangers and temporary or even permanent residents are sick and have no suitable accommodations. It is true we have long had a hospital provided by the

manufacturing companies for operatives when sick, and for ten years St. John's hospital has been open to all classes; but there are good reasons why the city itself should have one also. Would, as it has occurred in other cities, that some benevolent individual whom God has blessed with means might be disposed to give by donation or legacy a sufficient amount to establish or start a hospital.

In closing this paper may I not with confidence bespeak the active co-operation of every member of our profession with the public to see if in some way or by some means the wants and sufferings of the sick poor in

Lowell may not, as far as medicine or medical attendance is concerned, be more effectually relieved. And may I not, with still greater confidence, appeal for aid and sympathy to the followers of that Divine Teacher—one of whose missions while on earth was to heal the sick and cure disease, and who left on record as one of the strongest tests of discipleship this saying, "I was sick and ye visited me. I was in prison and ye came unto me." "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."



